

WOLFNER LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED VOLUNTEER INFORMATION FORM

Date: _____ Name: _____

Address: _____ City/State/Zip _____

Telephone (day) _____ (evening) _____

Drivers License Number _____ Social Security Number _____

E-mail address _____ Birthday _____

INTEREST SURVEY

I want to serve as a Wolfner volunteer because: _____

Volunteer Work Experience: _____

Training/experience/skills I have for this position: _____

Special interests or hobbies: _____

Anything else you would like us to know about you: _____
